# Recertification Report - CARF Accredited Organization

Provider Name			Provider Number		Begin Cert Date	End Cert Date
LOVE, CARE & DIGNITY, INC.			1235279498		1/30/2010	1/30/2011
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	Recommendation (Systemic)	2 of 4 staff files reviewed had documentation of Division required trainings including but not limited to, billing and documentation, complaint/grievance, and releases of information/confidentiality.	1/28/2010	No	2/26/2010
	Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	In-Compliance	5 of 5 staff interviewed were able to articulate knowledge of what participant right restrictions are and when they apply.		No	
	Staff Training (Wyoming Medicaid rules Chapter 45, Section 26)	Recommendation (Focused)	Provider staff was observed handling medications in a way that is not an approved technique of medication assistance, as described by the Division's medication assistance training. Per Medication Assistance Standard and Policy the Division will require retraining for provider staff. This training will be done by the provider's train the trainers with assistance from the Division.	1/28/2010	Yes	2/17/2010
	Emergency Drills (CARF 1.E.)	Recommendation (Systemic)	Emergency drill documentation of 5 locations was reviewed. 2 out of 5 locations were running a variety of drills on all shifts, concerns noted and follow-up to those concerns documented as appropriate.	1/28/2010	Yes	2/17/2010

### Recertification Report - CARF Accredited Organization

Emergency Procedures Transportation (CARF 1	9	4 of 4 vehicles observed had emergency procedures during transportation.	No
Internal Inspections (C. 1.E.)	ARF In-Compliance	5 of 5 locations reviewed had documentation of internal inspections, with concerns identified when appropriate, and follow-up to concerns documented as appropriate.	No
Staff Qualifications (Wy Medicaid rules Chapter Sections 8 through 22)		4 of 4 staff files reviewed contained results of successful background screenings and current CPR/First-aid certification.	No
External Inspections (C 1.E.)	ARF In-Compliance	5 of 5 locations reviewed had documentation of external inspections with follow-up to concerns documented as appropriate.	No
Progress made on prior Survey recommendatio	·	With the exception of the issues readdressed in this survey, the provider continues to make progress on recommendations from the previous survey.	No
Progress made on prior Survey recommendatio	·	The provider continues to make progress on recommendations from the previous CARF survey.	No
Incident reporting stand (Wyoming Medicaid rul Chapter 45, Section 30)	es	The provider's policy was reviewed and met applicable standards.	No
Incident reporting stand (Wyoming Medicaid rul Chapter 45, Section 30)	es	5 of 5 staff interviewed were able to articulate functional knowledge of the Division's Notification of Incident Reporting Process.	No

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### Recertification Report - CARF Accredited Organization

(Wyoming Me Chapter 45, S	edicaid rules (Syste Section 30)	emic)	Through documentation review the provider is not documenting follow-up to internal incidents. Provider is reminded that follow-up is necessary to determine if an incident would be reported as a critical incident.	1/28/2010	No	2/26/2010
Complaint an (CARF 1.D.)	d Grievance In-Cor		The provider's policy was reviewed and met the applicable standards.		No	
Rights of Part (Wyoming Me Chapters 45, Section 1)	•		The provider's policy on rights was reviewed and met applicable standards		No	
Restraint star 45, Section28	• •		The provider's policy on restraints was reviewed and met applicable standards.		No	
Restraint star 45, Section28	` '	emic)	The provider's restraint tracking was reviewed and concerns were noted in the following areas: patterns of use, history of use by personnel, environmental contributing factors, and assessment of program design contributing factors.		No	2/26/2010
Other rule or Medication As and Procedur	ssistance Policies (Focus	,	The provider is missing the required Medication Assistance Policies and Procedures as implemented by the Division.	1/28/2010	No	2/26/2010
Transportatio (CARF 1.E.9)	n Requirements In-Cor	·	4 vehicles were observed and concerns were noted in the following areas: the white and silver Kia Van's fire extinguishers were not properly secured.	1/28/2010	Yes	

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**Date:** 1/28/2010

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Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Releases of Information (CARF 2.B.)	In-Compliance	3 of 3 files reviewed releases were time-limited, specific to what information was being released, and to whom the information was being released.		No	
	Emergency Information (CARF 2.B.)	In-Compliance	3 of 3 participant files reviewed contained current and thorough emergency information.		No	
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	In-Compliance	Three months of service documentation was reviewed on 3 participants and met applicable standards. Billing is no longer part of the site survey process and thus was not reviewed.		No	
	Other rule or standard, Chapter 41, Section 9 Development and Approval of IPC		Through review of the particpant 1's internal incident reports, it was documented that specific rights were being restricted which were not listed in the IPC as a rights restriction and were not listed in the Positive Behavioral Support Plan.	1/28/2010	Yes	2/17/2010

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Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Focused)	3 residential sites were visited and showed evidence of maintaining a healthy and safe environment except for the following: Home 1-The ceramic tiles in the back bathroom are falling off the wall, which could prove to be a safety hazard; the exit plan located in participant 2's bedroom indicated an egress route that was not accessible. Home 2-The back screen door is not functional to allow for egress; the emergency information was not posted by the phone.	1/28/2010	Yes	2/17/2010
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-Compliance	Through documentation review and service observation, the provider showed evidence of meeting the standards on community housing.		No	
	The organization meets the standards in Chapter 45, section 23)	In-Compliance	The organization provided evidence for meeting the standards in chapter 45, section 23, with the exception of where otherwise noted in this report.		No	
Day Habilitiation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	The organization meets the standards for Community Integration (CARF 4.E)	In-Compliance	The organization met the standards, as evidenced by documentation review and service observation.		No	
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	In-Compliance	1 site was observed and provided evidence of maintaining a healthy and safe environment.		No	

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	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-Compliance	Through documentation review and service observation, the provider met the standards for the service provided.		No	
Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Provider Retrained on:	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment (CARF 1.E.10 and WMR Chapter 45, Section 23)	In-Compliance	Through observation of the Respite and Residential Habilitation Training service location, the provider met this standard.		No	

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